



HCHS/SOL Visit 2 Personal Medical History MHE/MHS QxQ

General Instructions

This questionnaire asks questions about personal medical history. Participants are asked to provide information since the first SOL visit, from the last telephone interview, within the last 12 months, etc. Make sure you formulate the question in the specified time frame. Each question will provide the time frame to be used.

The overall layout of this form starts with a determination of doctor-diagnosed medical conditions. Gender and Age of onset is determined for select conditions.

Question by Question Instructions

The set the stage for the interview, read the script as provided: *'Next I would like to update our records for any health issues you may have experienced. Some are questions we have asked before but we want to make sure that we don't miss anything. I will ask you some questions that may make you feel uncomfortable. You may not feel like answering them completely or at all. Please, take your time to think through your answers. We want to understand these aspects of your health, and at the same time we want you to feel respected and comfortable. You are important to us, and your participation in the study is extremely valuable'.*

Q1-11 Since the first SOL visit, has a doctor said that you had any of the following medical problems?

Q1. Heart Attack

With this question we want to assess whether a participant was told by a physician that they had a heart attack or myocardial infarction. The interviewer should neither define what a heart attack is, nor offer synonyms other than heart attack or myocardial infarction. A self-report of a 'physician-diagnosed heart attack' does not require that the participant had experienced symptoms or was hospitalized for this event.

Q2. A balloon angioplasty, a stent, or bypass surgery to the arteries in your heart to improve the blood flow to your heart?

Question assesses participant personal history of undergoing one or more coronary revascularization procedures called a balloon angioplasty, placement of a stent and/or coronary artery bypass surgery. All of these procedures are designed to restore and maintain blood flow through coronary arteries which provide critical oxygen to the heart tissue. A balloon angioplasty involves running a catheter from an artery in the thigh to the blocked artery located on the outside wall of the heart. A small balloon attached to the catheter is then inflated to open up the passageway. Sometimes a "stent" is left to help maintain the opening.

A coronary artery stent is a small, metal mesh tube that is placed inside a coronary artery to help keep the artery open. To place the stent, a small incision is made in the groin area to reach the artery there. A catheter is guided through the groin artery into an area of the coronary artery which is blocked. The stent is inserted along with a balloon catheter and expands when the balloon is inflated. The stent is then left there to help keep the artery open.

A coronary artery bypass is sometimes referred to by its acronym "CABG" (pronounced 'cabbage'). This procedure uses healthy arteries harvested from other parts of the body which are then used to 'bypass' damaged arteries supplying blood to the heart. The terms double and triple bypass mean that 2 and 3 arteries supplying blood to the heart have been surgically

bypassed. You should check the 'yes' box on Q2 if the participant has had either an angioplasty or a bypass or both.

Q3. Angina?

Question assesses participant personal history of angina. Angina is chest pain or discomfort felt when there is not enough blood flow to the heart muscle. Chest pain is a hallmark symptom of persons with angina. However, not all persons who experience chest pain have this condition. Therefore, it is important to check the yes box on this set of questions only if they can state that a doctor told them they had angina.

Q4. Heart failure?

Question ascertains a self-report of doctor-diagnosed heart failure. Another clinical name for this condition is congestive heart failure or congestive cardiac failure. This diagnosis covers a variety of conditions in which the heart is unable to pump a sufficient amount of blood through the body. Heart failure should not be confused with heart attack or myocardial infarction.

Q5. Stroke?

Question assesses personal history of doctor diagnosed stroke. An alternate clinical name for this condition is cerebrovascular accident (CVA). There are two major forms of stroke: 1) a thrombosis or embolism is when an artery which supplies oxygen to the brain is blocked, and 2) a hemorrhage in when one of these brain arteries bursts or leaks. Both forms of stroke can cause permanent damage to the brain. Stroke should not be confused with transient ischemic stroke, which is described below.

Q6. A mini-stroke or TIA (transient ischemic attack)?

Question assesses personal history of doctor-diagnosed mini-stroke or (TIA) transient ischemic attack (TIA). These mini-strokes can cause stroke-like symptoms caused by temporary blockages in the arteries supplying blood to the brain (confusion, numbness, weakness on one side of the body, etc.). The short duration of symptoms is the main difference between TIA and stroke, which is assessed in Q5. Short duration is defined as less than 24 hours.

Q7. A balloon angioplasty or surgery to the arteries of your neck to prevent or correct a stroke?

Question assesses personal history of balloon angioplasty or other surgery on the arteries of the neck to prevent a stroke. Balloon angioplasty (with or without a stent) can be used to clear blocked or partially blocked arteries in the neck which supply blood to the brain. A carotid endarterectomy can also be performed, in which the arteries in the neck are surgically opened and cleaned

Q8. An aortic aneurysm, an AAA, or ballooning of your aorta?

Questions assess personal history of abdominal aorta aneurysm (AAA) or ballooning of the aorta. The aorta is the largest artery in the body and is attached to the heart. All blood which has been replenished with oxygen by the heart passes through the aorta as it travels to other parts of the body. The ballooning of the aorta is caused by a weakness in the wall of this artery. Rupture of an AAA or weakened aneurysm can cause death.

Q9. A blood clot in a leg vein or lung requiring blood thinning medicine?

Question assesses personal history of doctor-diagnosed blood clot in a leg vein or lung which required blood thinning medication. Blood clots are also known as a thrombus or thrombi.

Examples of blood thinning medication include Heparin, Warfarin or Coumadin. If the participant indicates that they had a doctor-diagnosed clot that was not treated with medication, then you should check the “no” box for this question.

Q10. Peripheral arterial disease (problems with circulation, blocked arteries to the legs)?

Question assesses personal history of peripheral arterial disease (PAD) or blocked arteries of the legs. This condition is sometimes referred to as peripheral vascular disease (PVD). This condition is caused by partial blockages of the large arteries which supply blood to the lower extremities. It can cause pain when walking and in its more severe forms, pain while at rest, loss of sensation in the legs, and the need to amputate one or both legs due to gangrene (decay of tissue). If the participant indicates in Q10 that they had have PAD/PVD then you administer Q10a, which inquires about treatment for this condition.

Q10a. Question inquiries about the treatment for peripheral arterial disease. This question is only be asked if participant responds “Yes” to Q10

Q11. Liver disease?

Question assesses personal history of doctor-diagnosed liver disease. If the participant is unsure of what you mean by liver disease you can give examples such as hepatitis and cirrhosis. Those responding ‘yes’ are administered Q11a-11c. If NO/UNSURE to liver disease then Go to Q12.

Q11a. Hepatitis, is caused by a group of viruses leading to damage to the liver. Those responding yes to this question are asked which type they have (e.g. Type A, Type B, etc).

Q11b. Some participants may not know which sub-type they have. In this case check “Don’t Know”.

Q11c. Asks if the participant has cirrhosis (scarring of the liver). Cirrhosis is commonly caused by chronic, excessive alcohol consumption or exposure to the Hepatitis C virus.

Note: If participant did not interview since baseline exam, frame questions
“Since your first SOL examination visit.”

Q12. Since our last telephone interview with you on (date), has a doctor or health professional told you that you had emphysema, chronic bronchitis, or chronic obstructive pulmonary disease (COPD)? This does not include doctor's visits for tuberculosis or TB.

This question asks the participant to recall if since their last SOL telephone interview they had a diagnosis of COPD in an outpatient setting. **Be careful to stress that this does not include doctor visits for tuberculosis.** If the participant is unclear about the precise date during the course of follow-up (AFU) but definitely knows that it was after their baseline exam, ‘Yes’ is the best answer to this question.

It is likely that a doctor or health professional used other terms such as emphysema or chronic bronchitis. If the participant indicates they had such an event, the interviewer moves on to ask specific questions about this episode (Q12a). If the participant denies or is unsure of any outpatient diagnoses of COPD, emphysema or chronic bronchitis then Go to Q13.

Q12a Did the doctor or health care professional prescribe a change in your medication, such as starting or increasing your inhalers, oxygen or pills for your lungs or prescribing a steroid pill for your lungs?

Q13. Since our last telephone interview with you on (date), has a doctor or health professional told you that you had asthma?

This question asks the participant to recall if since their last SOL telephone interview they had a diagnosis of asthma in an outpatient setting. If the participant indicates they had such an

event, the interviewer moves on to ask specific questions about this episode (Q13a). If the participant denies or is unsure of any outpatient diagnoses of asthma then Go to Q14. If the participant is unclear about the precise date during the course of follow-up (AFU) but knows that it was definitely after their baseline exam, 'Yes' is the best answer to this question.

Q13a Did the doctor or health care professional prescribe a change in your medication, such as starting or increasing your inhalers, oxygen or pills for your lungs or prescribing a steroid pill for your lungs? Continue to Q14.

Q14. Since our last telephone interview with you (on date), has a doctor or health professional told you that you had diabetes or high sugar in the blood?

Question assesses personal history of diabetes. If the participant has been diagnosed with diabetes since his/her last SOL telephone interview, continue to 14a to inquire whether treatment was sought, and then to 14b to specify the type of treatment(s). If the answer is NO or the participant is UNSURE, then go to Q15. If the participant is unclear about the precise date during the course of follow-up (AFU) but knows that it was definitely after their baseline exam, 'Yes' is the best answer to this question.

Q14a. Did the doctor recommend any new or different treatments?

The purpose of this question is to determine whether or not the participant was treated for this reported diabetes. If treatments such as medications were recommended but the participant didn't actually obtain and/or take the medications record YES. If the answer is No or the participant is UNSURE, then go to Q15

Q14b. What treatment was recommended?

Do not read the response options. Mark Yes for all that apply and No if it does not apply. Listen to the participant's response and prompt if necessary for understanding. Record the treatments in the category that is most appropriate. If you are not sure whether a recalled treatment fits into a category, record other and specify the treatment in the space provided.

Q15. Since our last telephone interview with you on (date), has a doctor or health professional told you that you had high blood pressure or hypertension?

If 'yes' continue to Q15a to inquire whether treatment was sought. If the answer is No or the participant is UNSURE, then go to Q16. If the participant is unclear about the precise date during the course of follow-up (AFU) but knows that it was definitely after their baseline exam, 'Yes' is the best answer to this question.

Q15a. Did the doctor recommend any new or different treatments?

The purpose of this question is to determine whether or not the participant was treated for this reported high blood pressure or hypertension. If treatments such as medications were recommended but the participant didn't actually obtain and/or take the medications record YES. Then continue to Q15b to specify type of treatment. If the answer is NO or the participant is UNSURE, then go to Q16.

Q15b What treatment was recommended?

Do not read the response options. Mark all that apply. Listen to the participant's response and prompt if necessary for understanding. Record the treatments in the category that is most appropriate. If you are not sure whether the recalled treatment fits into a category, record other and specify the treatment in the space provided. Go to Q16.

Q16. Since our last telephone interview with you on (date), has a doctor or health professional told you that you had high blood cholesterol?

If 'yes' continue to Q16a to inquire whether treatment was sought. If the answer is No or the participant is UNSURE, then go to Q17. If the participant is unclear about the precise date during the course of follow-up (AFU) but knows that it was definitely after their baseline exam, 'Yes' is the best answer to this question.

Q16a Did the doctor recommend any new or different treatments?

The purpose of this question is to determine whether or not the participant was treated for this reported high blood cholesterol. If treatments such as medications were recommended but the participant didn't actually obtain and/or take the medications record YES. Then continue to Q16b to specify type of treatment. If the answer is NO or the participant is UNSURE, then go to Q17.

Q16b What treatment was recommended?

Do not read the response options. Mark Yes for all that apply and No if it does not apply.. Listen to the participant's response and prompt if necessary for understanding. Record the treatments in the category that is most appropriate. If you are not sure whether a recalled treatment fits into a category, record other and specify the treatment in the space provided. Go to Q17.

Q17. Has a doctor ever said that you have cancer or a malignant tumor?

Questions assess personal history of doctor-diagnosed cancer. Those responding 'yes' to Q17 are administered Q17a. If NO Go to Q18. If the participant is unclear about the precise date during the course of follow-up (AFU) but knows that it was after their baseline exam, 'Yes' is the best answer to this question.

Q17a. What type?

Those that respond yes to Q17 are administered a list of possible cancers; check all that apply.

Interviewer can also use the following text in Spanish to explain types of cancer:

- a3. "Cervical"- Cuello de la matriz – cuello del útero
- a4. "Blood/Lymph glands"-Leucemia o linfoma – cáncer de la sangre (Leucemia) o cáncer de los ganglios linfáticos (linfoma)
- a12. "uterine"- Del útero – de la matriz

Q18. Do you currently have a pacemaker or automatic defibrillator (AICD) for a heart rhythm problem?

Due to ischemia or blockage caused by coronary artery disease, the damaged heart muscle might start beating fast, irregularly and inefficiently causing severe arrhythmia, heart failure, syncope and even sudden death. A pacemaker is a device that monitors, records and controls abnormal or irregular heart rhythm or arrhythmias through electrical pulses. Newer pacemakers can monitor your blood temperature, breathing rate, and can adjust your heart rate to changes in your activity.

AICD stands for Automatic Implantable Cardioverter Defibrillator it is similar to a pacemaker, it is implanted in the chest or abdomen of individuals at risk of sudden cardiac arrest. AICD uses low-energy electrical pulses, but can also use high-energy pulses to treat life-threatening arrhythmias.

Q19-23 SECTION B: Since your last telephone interview on (date), have you had any of the following problems?

Q19. Do you often have swelling in your feet or ankles at the end of the day?

Do the ankles or feet (lower extremities) increase in size by evening as evidenced either in a noticeable increase in size, tightness in socks/stockings, or shoes. If the participant requests guidance in defining “often” the interviewer provides a non-directive synonym, such as “frequently” or “on most days”. If based on this the participant still is unable to answer, the definition of “often” given to the participant is “on most days of the week, for at least one month.” If the swelling is unilateral (affects only one foot or ankle) record “No”.

Q20. Are there times when you wake up at night because of difficulty breathing?

Has the participant since the last phone interview woken up because of difficulty in breathing on more than one occasion (e.g. ‘are there times’ means events that happened more than once).

Q21. Are there times when you stop for breath when walking at your own pace on level ground?

This question inquires about shortness of breath in the context of active movement in a normal stride and pace of walking (not running or walking fast).

Q22. Are there times when you have difficulty breathing when you are not walking or active?

This question asks about difficulty in breathing while at rest, which could be sitting, standing, or lying down.

Q23. Have you ever been told by a doctor or health professional that you had/have any of the following conditions that effect the brain?

This question inquires about 6 conditions that affect the brain: Dementia, Alzheimer’s disease, vascular dementia (hardening of the arteries), mild cognitive impairment, Parkinson’s, and brain tumor. Select ‘Yes’ for all that are apply.

Section C. Urinary Leakage

This section has a group of are standardized questions used in previous national health surveys on bladder/kidney function. These items inquire about the severity of incontinence (loss of control, amount, etc.) and frequency of incontinence that may occur under the circumstances of everyday life. Even very minor differences are important to distinguish between degrees of severity for incontinence. The questions are framed in very carefully terms of circumstance, time period, amount, and frequency of leakage.

Q24. How often do you have urinary leakage? Would you say...

Read the choices to the participant and mark the choice accordingly. If the participant answers ‘Never’ or is ‘Unsure or Refuses’ to answer go to Q26. Since many people may deny leakage at all by equating leakage with total loss of control, the skip goes to a question on smaller amounts of leakage.

Q25. How much urine do you lose each time? Would you say...

Read the choices to the participant and mark the choice accordingly

Q26. During the **past 12 months**, have you leaked or lost control of even a small amount of urine with an activity like coughing, lifting or exercise?

If the participant answers 'Never' or is 'Unsure or Refuses' to answer to this question associated with leakage under exertion, go to Q27.

Q26a. How frequently does this occur? Would you say this occurs . .

Read the choices to the participant and mark the choice accordingly

Q27. During the **past 12 months**, have you leaked or lost control of even a small amount of urine with an urge or pressure to urinate and you couldn't get to the toilet fast enough?

If the participant answers 'Never' or is 'Unsure or Refuses' to answer to this question associated with leakage 'with an urge or pressure', go to Q28.

Q27a How frequently does this occur? Would you say this occurs. . .

Read the choices to the participant and mark the choice accordingly

Q28. During the past 12 months, have you leaked or lost control of even a small amount of urine without an activity like coughing, lifting, or exercise, or an urge to urinate?

If the participant answers 'Never' or is 'Unsure or Refuses' to answer to this question associated with a small amount of leakage with no specific cause, go to Q31.

Q28a How frequently does this occur? Would you say this occurs . . .

Read the choices to the participant and mark the choice accordingly

Q29. During the past 12 months, how much did your leakage of urine bother you? Please select one of the following choices:

Emphasize *in the past 12 months*

Q30. During the past 12 months, how much did your leakage of urine affect your day-to-day activities? Please select one of the following choices:

Emphasize *in the past 12 months*

Q31. During the past 30 days, how many times per night did you most typically get up to urinate, from the time you went to bed at night until the time you got up in the morning. Would you say...

Emphasize *in the past month or 30 days*

Section D. Kidney

Q32. Have you ever been told by a doctor or other health professional that you had weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence.

If the answer is NO/UNSURE/ REFUSED move to Q34

Q33. In the past 12 months, have you received dialysis (either hemodialysis or peritoneal dialysis)?

Emphasize *in the past 12 months*

Q34. Have you ever had kidney stones?

If the answer is NO/UNSURE/ REFUSED move to Q35

Q34a How many times have you passed a kidney stone?

In the spaces provided indicate the number of times.

Section E. TB

The following questions inquire about history of tuberculosis, as well as testing and treatment history. Formerly called consumption, this disease is caused by bacterial infection and can cause severe cough, fever, and the production of bloody sputum. A skin test can determine if a person has ever been exposed to the bacterium which causes the disease. However, most people exposed to TB never develop active disease.

Q35. Since visit 1, have you been told that you had **active** tuberculosis or TB?

The participant is asked whether s/he has been told since the first visit to the SOL examination center that they have active tuberculosis. Those who respond "no" or responded they were not sure or refused to answer are skipped to Q36. Participants who respond "yes", are administered Q35a. Participants may not know what in detail what active TB is (vs. latent TB). If asked by the participant, the interviewer may indicate that active TB is commonly treated with 3 medications. If not treated in this fashion TB is likely latent.

Q35a Since visit 1, have you been prescribed any medicine to treat active tuberculosis or TB?

Q36. Since visit 1, have you been given a TB or tuberculosis skin test (e.g., PPD)?

A purified protein derivative (PPD) test involves the injection of TB bacterial proteins just under the skin (typically the arm). If a person has been exposed to TB the skin around the injection site will swell slightly. The arm is re-examined 48-72 hours after injection to determine if the skin test is positive. If answer is yes, Go to Q36b.

Male participants who respond **NO or Unsure/Refused**, Go to Q37.

Female participants who respond **NO or Unsure/Refused**, **End Questionnaire**

Q36a Was it: positive? Negative? Etc.

Male participants who respond **NO or Unsure/Refused**, Go to Q37.

Female participants who respond **NO or Unsure/Refused**, **End Questionnaire**

Q36b For this TB skin test, were you prescribed any medicine to keep you from getting sick with TB?

Question asks if the participant was prescribed any medication to keep from getting sick from TB. Antibiotics are typically used in the treatment of TB.

Male participants who respond **NO or Unsure/Refused**, Go to Q37.

Female participants who respond **NO or Unsure/Refused**, **End Questionnaire**

Section F- Men Only

For Men less than 40 years old skip to Q39

The next set of questions is about men's health, including urinary and prostate problems. The prostate is a gland located just below the bladder.

For Men Age 40 years or older:

Q37 **For men age 40 years and older only:** Do you usually have trouble starting to urinate (pass water)?

Q38 For men age 40 years and older only: After urinating (passing water), does your bladder feel empty?

For Men ALL AGES:

Q39 Have you ever been told by a doctor or health professional that you have any disease of the prostate? This includes an enlarged prostate.

Q40 Have you ever been told by a doctor or health professional that you had an enlarged prostate gland?

Those responding 'yes' are administered Q40a, 40b, and 40c. If NO, then Go to Q41.

Q40a Was it a benign enlargement – that is, not cancerous, also called benign prostatic hypertrophy?

Q40b How old were you when you were first told that you had benign enlargement of the prostate gland?

Q40c Was the enlargement due to cancer?

Q41 Have you ever had a blood test that your doctor told you was being used to check for prostate cancer, called PSA, or Prostate Specific Antigen?

Q42 Have you ever had a rectal examination? A rectal exam is when a finger is inserted in the rectum or bottom to check for problems.

Those responding 'yes' are administered 42a and 42b. If NO, then Go to Q43.

Q42a Was this done to check for prostate cancer?

Q42b Was this done to check for blood?

Q43 Many men experience problems with sexual intercourse. How would you describe your ability to get and keep an erection adequate for satisfactory intercourse? Would you say that you are...